Approved for use through 7731/2006, ONB 0631-0022
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Under the Paperwork Redwiction Act of 1995, no persons are required to respond to a collection of information unless it displays a velid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 1) (Catump 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE Q7 OFR 1,10(a)) :395 790 OR TOTAL CLAIMS ж **, 25** . rataces ZO • z :<u>50</u> • OR INDEPENDENT CLAMES (37 CFR 1,160)) efect 3 · x s<u>/DO</u> • K 1**200** s **CR** MULTIPLE DEPENDENT CLASH PRESENT (37 CFR 1,10(d)) +.160 . OR • <u>.360</u>. \* If the difference in column t is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR 1.19.06 (COLUMN 1) (Column 2) (Cotumn 3) SMALL ENTITY SMALL ENTITY CLAMS HIGHEST ⋖ REMAINING PRESENT AR ILIBED ADOI-RATE ADDI-TIONAL FNU AFTER AMENDMENT PREVIOUSLY EXTR TIONA PAID FOR FEE FEE Total Mirara 125 . X S JU Independent (3) O'R 1,180() しがのいち 9 Ú x : 100. x . 200 . OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(0)) +1180 = +:360. OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE (Column 1) (Column 2) (Cotumn 3) CLAIMS HIGHEST 8 REMAINING AD MARKED PRESENT ADOI-TIONAL RATE ADDL AFTER PREVIOUSLY TIONAL AMENDMENT PAID FOR FEE FEE Total - <u>کلم</u>: × x 150 = OR AMEN Endependent (22 CFR 1,169/6 x . 100 . x : 400 = OR PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (AT CFR 1.10(1)) +180 -+ 360-OB. TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O MUMBER PREVIOUSLY REMAINING PRESENT RATE ADDI-TIONAL RATE ADDL ENT AFTER TIONAL AMENDMENT PAID FOR FEE FEE Folial CO STR. I. STO CO 2 Minus ENDM 0 x 1<u>25</u> . x : 50 . OR Independent Q1 CFR 1.14043 Minus x 3 200. x \$ 100 -OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 137 CFR 1.16(12) + ,360. +:180= OR TOTAL ADD'L FEE OR ADD'L FEE

\* If the entry in octume 1 is less than the entry in octume 2, write "0" in octume 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentiatity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gallening, preparing, and submitting the completed application forms to the USPTO. Then will vary depending upon the Individual case, any comments on the amount of time by our require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commission, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.